



RHODE ISLAND DIVISION OF TAXATION INSTALLMENT

GENERAL INFORMATION



The R. I. Division of Taxation may afford you the opportunity to enter into an installment agreement should you be able to present facts that you are unable to pay the balance in full at this time.

Approval for such an agreement will be based upon the information that is outlined below and must be submitted to this office. All requests for an agreement along with any payments must be forwarded

RHODE ISLAND DIVISION OF TAXATION

COLLECTION SECTION

ONE CAPITOL HILL Suite 10

PROVIDENCE, RI 02908-5812

The information will be reviewed by the Compliance and Collection Section for final approval. Within thirty days of receipt of your proposed agreement, including all required information, you will be notified in writing of the approval or denial.

The agreement will be revoked for failure to meet the agreed upon monthly payment and/or failure to file and pay all future income tax returns on a timely basis.

In the absence of an approved agreement or default of such agreement, collection procedures will be reinstituted which may result in levy of assets and wages or other appropriate legal action.

Taxpayer Name(s) as shown on tax bill		Social Security Number(s)	
Street Address		Tel. Home	
City, State Zip		Tel. Business	
Balance Owed \$ plus any accrued interest and penalties	<input type="text"/>	Proposed Monthly Payment	<input type="text"/>

Please circle the date you choose to make your payment each month: 15th Day 30th Day

Name and Address of employer: _____

Bank Account #: Savings _____ Checking _____

Signature of Taxpayer _____

Signature of Spouse _____

INCOME/EXPENSE STATEMENT

Column A		Column B	
MONTHLY NET INCOME	Amount		MONTHLY EXPENSES
Wages/ Salaries		1	Rent
Wages/ Salaries(Spouse)		2	Utilities
Other Income (List Sources):		3	Food
		4	Medical
		5	Insurance
		6	Clothing
		7	
		8	Other (List type):
		9	
		10	
		11	
		12	
		13	
		14	Enter Line 34: Total monthly
		15	installment payments
		16	
TOTAL MONTHLY INCOME		17	TOTAL MONTHLY EXPENSE
Line 17: Column A Total Monthly Income Less Column B Total Monthly Expenditures =			

BALANCE SHEET

Column A		Column B		Column C
ASSETS	Amount		LIABILITIES	Amount
Cash		18	Mortgage	
Checking		19	Auto Loans	
Savings		20	Personal Loans	
Retirement Accounts		21	Fed. Taxes Due	
Investment(Stock, Bonds)		22	State Taxes Due	
		23	Credit Card(s)	
TOTAL CURRENT ASSETS		24		
		25		
Vehicle (Make, Year)		26		
		27		
		28	Other (List):	
		29		
Real Estate (Address)		30		
		31		
		32		
		33		
TOTAL ASSETS		34	TOTAL LIABILITIES	

Under penalties of perjury, I declare that this statement of assets and liabilities and other information is true and correct to the best of my knowledge and belief.

Signature

Date